Best Available Copy

Complete and mail this form, together with applicable fee

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

ALAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.					Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. Certificate of Mailing I hereby certify that this Issue Fee Transmittal is being deposited with		
		Note: Legibly mark-up with any com KOLOFF TAYLOR HIRE BLVD	LM51/ % ZAFMAN	1010	the United States P mail in an envelope the date indicated b	ostal Service with suffici addressed to the Box Iss elow.	ent postage for first class sue Fee address above on
<i>ا</i> ۔	SEVENTH FL LOS ANGELS		PATER	EC 1 1 2000	Connie The	Thazer	(Depositor's name) (Signature)
		T =:	TOTAL CLAIMS	OF MARK ON IN	December S		(Date) DATE MAILED
APF	PLICATION NO.	FILING DATE	TOTAL CLAIMS		EXAMINELY PAID CO	7411 0441	
	08/646,503	05/08/96	023	HO, C		27	57 09/06/00
First Named Applicant	RIDDLE,		35 L	JSC 154(o) term e>	t. = 0	Days.
TITLE OF NVENTION		APPARATUS FOR LUPON RECEIPT			NG OF A TE	CLECONFEREN	CING
ATT	YS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTIT	Y FEE DUE	DATE DUE
0	04860.P19	37 709-227	.000 RT	70 UTI	LITY NO	\$1210.	00 12/05/00
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. attorneys or a the name of member a regard the name of member a regard the name.					s of up to 3 registered patent agents OR, alternatively, (2) a single firm (having as a agistered attorney or agent) as of up to 2 registered patent agents. If no name is listed, no printed. 1 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
PLEASE Inclusion the PTC filing an (A) NAM	E NOTE: Unless an assign of assignee data is only or is being submitted undassignment. IE OF ASSIGNEE App	ICE DATA TO BE PRINTED OF the last identified below, no assignment of the separate when an assignment of the separate cover. Completion of the Computer, Inc. OR COUNTRY) Cupert:	nee data will appeal thas been previous of this form is NOT	r on the patent. siy submitted to a subsititue for	of Patents and Tri Issue Fee Advance Orde 4b. The following fee	r - # of Copies ten s or deficiency in these f	ees should be charged to:
Please check the appropriate assignee category indicated below (will not be printed on the patent)					(ENCLOSE AN EXTRA COPY OF THIS FORM) X Issue Fee		
🗌 indivi	dual 🛚 🖾 corporation	or other private group entity	government		Advance Orde		1 (10)
		AND TRADEMARKS IS reque			olication identified abo	ve.	
James NOTE: The	r the assignee or other pa	Ir #31,195 epted from anyone other than try in interest as shown by the	the applicant; a regineraction of the Pater	2/5/2¢ stered attorney	000		
depending to complete Office, W ADDRES Patents, V	g on the needs of the inc te this form should be s ashington, D.C. 20231. S. SEND FEES AND T Washington D.C. 20231	m is estimated to take 0.2 hd dividual case. Any comments sent to the Chief Information DO NOT SEND FEES OR C HIS FORM TO: Box Issue F	s on the amount of Officer, Patent ar COMPLETED FOR See, Assistant Con	time required and Trademark RMS TO THIS armissioner for	4		
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							